Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| CLAIMS AS FILED - PART I<br>(Column 1)                        |                                                                                                                                                                                                                                                                                                                     |                                                                   |              |                               |              | (Column 2) SMALL ENTITY |       |                    | ITITY                  | OR    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------|-------------------------------|--------------|-------------------------|-------|--------------------|------------------------|-------|-------------------------------|------------------------|--|
| TOTAL CLAIMS                                                  |                                                                                                                                                                                                                                                                                                                     |                                                                   | 75           |                               |              |                         | Γ     | RATE               | FEE                    |       | RATE                          | FEE                    |  |
| FOR                                                           |                                                                                                                                                                                                                                                                                                                     |                                                                   | NUMBER FILED |                               | NUMBER EXTRA |                         | E     | BASIC FEE          | 375.00                 | OR    | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                       |                                                                                                                                                                                                                                                                                                                     |                                                                   | って minus 20= |                               | * ~          |                         |       | X\$ 9=             |                        | OR    | X\$18=                        | 90                     |  |
| INDEPENDENT CLAIMS                                            |                                                                                                                                                                                                                                                                                                                     |                                                                   | 15 mi        | nus 3 =                       | * D          |                         | Ī     | X42=               |                        | OR    | X84=                          | 11,8                   |  |
| ΜU                                                            | LTIPLE DEPEN                                                                                                                                                                                                                                                                                                        | IDENT CLAIM P                                                     | RESENT       | ·                             |              |                         | Ī     | +140=              |                        | OR    | +280=                         |                        |  |
| * If the difference in column 1 is less to                    |                                                                                                                                                                                                                                                                                                                     |                                                                   |              | ero, enter                    | olumn 2      | L                       | TOTAL |                    | OR                     | TOTAL |                               |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2) |                                                                                                                                                                                                                                                                                                                     |                                                                   |              |                               |              | (Column 3)              |       | SMALL E            | NTITY                  | OR    | OTHER<br>SMALL                |                        |  |
| AMENDMENT A                                                   |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA        |       | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                               | Total                                                                                                                                                                                                                                                                                                               | *                                                                 | Minus        | **                            |              | =                       |       | X\$ 9=             |                        | OR    | X\$18=                        |                        |  |
|                                                               | Independent                                                                                                                                                                                                                                                                                                         | ndependent   *   Minus   *** IRST PRESENTATION OF MULTIPLE DEPEND |              | 1                             | CLAIM        | =                       |       | X42=               |                        | OR    | X84=                          |                        |  |
| L                                                             | 1. 4 17 14 . 21                                                                                                                                                                                                                                                                                                     |                                                                   |              |                               | CLAIN        |                         |       | +140=              |                        | OR    | +280=                         |                        |  |
|                                                               |                                                                                                                                                                                                                                                                                                                     |                                                                   |              |                               |              |                         |       | TOTAL              |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
| ADDIT. FEE ADDIT<br>(Column 1) (Column 2) (Column 3)          |                                                                                                                                                                                                                                                                                                                     |                                                                   |              |                               |              |                         |       |                    |                        |       |                               |                        |  |
| AMENDMENT B                                                   |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA        |       | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                               | Total                                                                                                                                                                                                                                                                                                               | *                                                                 | Minus        | **                            |              | =                       |       | X\$ 9=             |                        | OR    | X\$18=                        |                        |  |
|                                                               | Independent                                                                                                                                                                                                                                                                                                         | * NTATION OF MI                                                   | Minus        | ***                           | COL AINA     | =                       |       | X42=               |                        | OR    | X84=                          |                        |  |
|                                                               | FINOT PRESE                                                                                                                                                                                                                                                                                                         | INTATION OF IM                                                    | OLIPLE DEI   | PENDENT                       | CLAIN        |                         |       | +140=              |                        | OR    | +280=                         |                        |  |
|                                                               |                                                                                                                                                                                                                                                                                                                     |                                                                   |              |                               |              |                         |       | TOTAL<br>ODIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |  |
|                                                               |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                                        |              | (Colui                        |              | (Column 3)              |       |                    |                        |       |                               |                        |  |
| AMENDMENT C                                                   |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA        |       | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                               | Total                                                                                                                                                                                                                                                                                                               | *                                                                 | Minus        | **                            |              | æ                       | Įſ    | X\$ 9=             |                        | OR    | X\$18=                        |                        |  |
|                                                               | Independent                                                                                                                                                                                                                                                                                                         | *                                                                 | Minus        | ***                           | T OL 4144    | =                       |       | X42=               |                        | OR    | X84=                          |                        |  |
| L                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                                                   |              |                               |              |                         |       | +140=              |                        | OR    | +280=                         |                        |  |
|                                                               |                                                                                                                                                                                                                                                                                                                     | mn 1 is less than t<br>mber Previously P                          |              |                               |              |                         | L     | TOTAL              |                        | OB    | TOTAL                         |                        |  |
| ***                                                           | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                   |              |                               |              |                         |       |                    |                        |       |                               |                        |  |